SUPPLEMENT TO THE
BRITISH MEDICAL JOURNAL

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SPECIAL NOTICE TO MEMBERS

Until further notice the Supplement will be incorporated in the Journal and will contain official communications from the Central Emergency Committee. Such items received too late for inclusion in the Supplement will be printed in the "Medical News" column of the Journal.

WAR NOTICES

ISSUED BY THE CENTRAL EMERGENCY COMMITTEE OF THE BRITISH MEDICAL ASSOCIATION

1. The Central Emergency Committee is now engaged on meeting the requirements of the Services, and in particular of the Army, for medical personnel. Quotas have been communicated to Local Emergency Committees and individual practitioners will be approached by the Local Emergency Committees in their areas. Practitioners resident and practising in an area who are anxious to obtain commission rank in the R.A.M.C. forthwith, whose local commitments permit this step, but who have not been approached by their Local Emergency Committees, should remind the Secretaries of their Local Emergency Committees of their immediate availability.

2. There is a floating personnel within the medical profession consisting of practitioners not permanently resident or domiciled in any particular area. Any such practitioner who is willing immediately to undertake whole-time medical service with the forces or with the civilian population should intimate that fact to the Secretary of the Central Emergency Committee at once. This arrangement is a provisional one, and shortly all practitioners, whether permanently domiciled or practising in an area or not, will be approached only through the Local Emergency Committee covering their present address.

Evacuation Areas

3. Any practitioners in evacuation areas, whatever their branch of practice, who, being mainly or wholly unemployed as a result of evacuation, are willing to help in reception areas should register their names with their Local Emergency Committees. Their names will be scrutinized by Local Emergency Committees and communicated to the Central Emergency Committee for inclusion in the list of practitioners available for transfer to other areas, provided that in the case of general practitioners they belong to the protection of practices scheme in their own area.

Reception Areas

4. Local Emergency Committees in reception areas are at present engaged in estimating the capacity of the medical personnel in their areas to provide an adequate medical service in the new circumstances. Any practitioner requiring additional medical help should communicate his needs to the Local Emergency Committee. Any incoming general practitioner joining an existing practice should be remunerated by the employing practitioner at a rate not less than that which would obtain if the practitioner in question joined the Services or became a medical officer in the civilian hospital medical service. This minimum whole-time rate is £550 a year plus £100 where board and lodging are not provided. All incoming practitioners should be required to enter into the usual bond governing subsequent practice in the area and required to conform to the local protection of practices scheme in so far as it applies to "acting practitioners." A model bond or undertaking is now in the hands of the secretaries of Local Emergency Committees and will be published in the *Supplement* next week.

5. Local Emergency Committees are now completing their arrangements for the distribution of the local pool available under the Government scheme for the treatment of unaccompanied children. Practitioners in reception areas who are not yet aware of the arrangements of the Local Emergency Committee in this connexion should communicate with the secretaries of their Local Committees.

There will be placed at the disposal of each Local Emergency Committee in a reception area a sum of money to meet the cost of the provisional medical attendance. This sum will be calculated at the rate of 10s. a year for each unaccompanied child transferred under the scheme. This money will be disbursed to practitioners undertaking the treatment of children covered by the scheme on a basis devised and approved by the Local Emergency Committee concerned. The amount paid is intended to cover the cost of attendance and the provision of medicines.

In respect of unaccompanied children transferred under the Government evacuation scheme payment should be sought not from the patient or the householder but from the Local Emergency Committee.

Protection of Practices

6. Instructions were given for protection of practices schemes to be put into operation on Friday, September 1, 1939. All practitioners, whether they expect to remain in their areas or not, should in their own interests, as well as in the interests of practitioners generally, join their local schemes without delay. There are a number of practitioners in London and in the areas contiguous to London who have not yet taken this step. They are requested to do so immediately and apply to the London Regional Secretary at B.M.A. House, Tavistock Square, for the necessary forms.

House-physicians, House-surgeons, and other Junior House Officers

7. All practitioners in this category who have been appointed as house officers to the civilian hospital medical service will be retained in their present posts for a period of three months as from September 1. They are asked to accept this position without question whatever their personal desires may be. It is essential that the civilian hospital service should be fully staffed until greater experience is gained of the demands made upon it.

Protection of Consultant and Specialist Practices

8. At a meeting of the Trustees of the Scheme for the Protection of Consultants and Specialists Practice held on September 1 it was reported that just over 30 per cent. of the consultants and specialists in England and Wales had applied for membership of the Scheme: 12 per cent. had declined to join the Scheme, while the remainder had sent no reply to the original communication or a reminder. It was judged from the age distribution and from the knowledge available of the appointments held that an unduly large proportion of the applicants for membership were likely to be recipients under the Scheme. The response from possible or potential contributors was extremely small. In these circumstances the Trustees, after taking legal and financial advice, came reluctantly to the conclusion that the size and nature of the response was not such as would justify bringing the scheme into operation.

Other Information

9. Windscreen notices for doctors' cars are now available and will be distributed through Local Emergency Committees. The notice bears the single word "Doctor."

10. In another part of this *Supplement* will be found the names and addresses of the Secretaries of all Local Emergency Committees in England and Wales, Scotland, and Northern Ireland. Please make a note of the names and addresses of the Secretary of your Local Emergency Committee.

11. The *Supplement* will be the medium for communicating emergency information to the medical profession and you are asked to read it each week. Such information received too late for inclusion here will be printed in the "Medical News" column of the *Journal*.

WAR MACHINERY OF THE BRITISH MEDICAL ASSOCIATION

We print below the names of the officers of the three Central Emergency Committees and of the secretaries of the Local Emergency Committees. Medical practitioners are asked to keep this list for future reference.

CENTRAL EMERGENCY COMMITTEE

Chairman of Council: Mr. H. S. Souttar, London.
Chairman of Representative Body: Dr. H. Guy Dain, Birmingham.
Treasurer: Dr. J. W. Bone, Luton.
Chairman of Naval and Military Committee: Colonel A. H. Proctor, London.
Chairman of Public Health Committee: Professor R. M. F. Picken, Cardiff.
Chairman of Welsh Committee: Dr. W. E. Thomas, Ystrad Rhondda, Glam.
Chairman of Insurance Acts Committee: Dr. E. A. Gregg, London.
Chairman of Rural Practitioners Subcommittee: Dr. D. G. Greenfield, Rushden, Northants.
Chairman of General Practice Committee:
Chairman of Hospitals Committee: Dr. Peter Macdonald, York.
Chairman of Organization Committee: Dr. J. C. Matthews, Downton, Wilts.
Chairman of Public Medical Services Subcommittee: Dr. H. W. Pooler, Ashover, Derbys.
Chairman of Special Practice Committee: Professor A. H. Burgess, Cheadle, Cheshire.
Representative of Society of Medical Officers of Health: Dr. James Fenton, Kensington.
Representative of Medical Women's Federation: Dr. Letitia Fairfield, London.
Representative of Medical Committee of House of Commons: Lieutenant-Colonel Sir Francis Fremantle, Hatfield.
Representatives of following Group Committees:
Radiological: Dr. Russell J. Reynolds, London.
Pathological: Dr. D. Embleton, London.
Ophthalmological: Mr. J. D. M. Cardell, London.
Consultants and Specialists: Mr. A. Hedley Whyte, Newcastle-upon-Tyne.
Psychological Medicine: Dr. A. A. W. Petrie, Sutton, Surrey.
Physical Medicine: Dr. C. B. Heald, London.
Orthopaedic: Mr. Harry Platt, Manchester.
Two Representatives each of:
Royal College of Surgeons: Sir William Girling Ball, London; Sir Alfred Webb-Johnson, London.
Royal College of Physicians: Dr. A. E. Clark-Kennedy, London; Sir Charles Wilson, London.
Representative of Royal College of Obstetricians and Gynaecologists: Professor W. Fletcher Shaw, Manchester.
Representative of Medical Research Council: Dr. P. N. Panton, London.
Four General Practitioners appointed by the Association on a territorial basis: Dr. J. A. Brown, Birmingham; Mr. G. E. Elkington, Newport, Shropshire; Sir Kaye Le Fleming, Wimborne; Dr. S. A. Winstanley, Urmston, Lancs.
Liaison Officer of Scottish Emergency Committee: Dr. R. W. Craig, Edinburgh.
Liaison Officer of the Northern Ireland Emergency Committee: Dr. F. M. B. Allen, Belfast.
Secretary (Dr. G. C. Anderson).
Deputy Secretary (Dr. Charles Hill).
And, in attendance, representatives of:
Royal Naval Medical Service;
Royal Army Medical Service;
Royal Air Force Medical Service;
Ministry of Pensions;
A.R.P. Department of Home Office;
Ministry of Health.

CENTRAL EMERGENCY COMMITTEE FOR SCOTLAND

Appointed by the Council.—Dr. J. D. Comrie, Edinburgh; Dr. D. Elliot Dickson, Lochgelly, Fife; Dr. J. G. McCutcheon, Glasgow; Dr. G. W. Miller, Dundee; Dr. J. B. Miller, Bishopbriggs, Lanarks; Scottish Secretary (Dr. R. W. Craig).
Appointed by Scottish Committee.—Dr. Dale Logan, Newmains, Lanarks; Dr. G. MacFeat, Douglas, Lanarks; Dr. A. H. Macklin, Dundee.
One Representative of each of the following Universities:
Aberdeen: Professor David Campbell.
Edinburgh: Professor Sydney Smith.
Glasgow: Professor J. R. Currie.
St. Andrews: Professor F. J. Charteris.
Representative of Royal College of Physicians, Edinburgh: Dr. Alex. Goodall.
Representative of Royal College of Surgeons, Edinburgh: Mr. D. Stewart Middleton, F.R.C.S.E.
Representative of Royal Faculty of Physicians and Surgeons of Glasgow: Dr. John Henderson.
Representative of Teaching Hospitals in Scotland: Colonel A. D. Stewart.
Representative of Scottish Branch of the Society of Medical Officers of Health: Dr. W. G. Clark.
Representative of the Scottish Associations of the Medical Women's Federation: Dr. Gladys Boyd.
Representatives of Scottish Association of Insurance Committees: Sir W. M. Marshall; Mr. Thomas J. Addly.
Chairman of Insurance Acts Subcommittee (Scotland): Dr. J. F. Lambie.
Three Liaison Officers in Scotland (not otherwise members of the Committee): Dr. D. G. Leys, Dr. Middleton Connon, Dr. I. D. Grant.
Liaison Officer of Central Emergency Committee (the Secretary).
Representative of Highlands and Islands Area: Dr. J. B. Simpson.
Co-opted Member: Mr. T. H. Graham.
And, in attendance, representatives of:
Department of Health for Scotland;
Ministry of Pensions;
Royal Naval Medical Service;
Royal Army Medical Corps;
Royal Air Force Medical Service;
A.R.P. Department;
Scottish Dental Emergency Committee.

CENTRAL EMERGENCY COMMITTEE FOR NORTHERN IRELAND

President of the Northern Ireland Branch: Dr. David Gray, Belfast.
Secretary of the Northern Ireland Branch: Dr. F. M. B. Allen, Belfast.
Dr. R. M. Beath, Belfast.
Dr. James Boyd, Belfast.
Co-opted Member: Dr. H. P. Malcolm, Belfast.

SECRETARIES OF LOCAL EMERGENCY COMMITTEES

I. ENGLAND AND WALES II. SCOTLAND III. NORTHERN IRELAND

I. ENGLAND AND WALES

BATH AND BRISTOL BRANCH

Bath.—Dr. E. Scott White, 2, Green Park, Bath.
Bristol.—Dr. R. Burges, Druids Mead, Stoke Bishop, Bristol.
East Somerset.—Dr. Mary A. E. Somers, 2, Ashcombe Road, Weston-super-Mare.
West Somerset.—Dr. A J. H. Iles, Southam, Private Road, Taunton.

BEDFORDSHIRE BRANCH

Dr. A J. Chillingworth, 21, St. Cuthberts Street, Bedford.

BERKS, BUCKS AND OXFORD BRANCH

Buckinghamshire.—Dr. R. W. McConnel, Hazeldene, Wendover, Bucks.
Oxford.—R. G. Macbeth, Esq., F.R.C.S.Ed., 24, Banbury Road, Oxford.
Reading.—Dr. S. C. Alcock, Western Elms Lodge, Reading; Dr. W. Ivor Bain, 120, Woodcote Road, Caversham, Reading.

BIRMINGHAM BRANCH

Birmingham Central.—Dr. W. J. Garbutt, 154, Great Charles Street, Birmingham 3.
Coventry.—Dr. D. Murray Bladon, 83, Broadway, Earlsdon, Coventry.
Dudley.—Dr. A. W. Weston, Ednam Lodge, Dudley, Worcs.
Nuneaton and Tamworth.—Dr. P. G. Horsburgh, Health Dept., Council House, Nuneaton; Dr. T. H. Forrest, D.S.O., Nethersole, Manor Court Road, Nuneaton, Warwicks.
Rugby.—Dr. G. A. Yarborough-Parker, 28, Clifton Road, Rugby.
Warwick and Leamington.—Dr. R. J. Cyriax, 12, Northumberland Road, Leamington Spa.
West Bromwich and Smethwick.—Dr. J. M. Mitchell, Toronto House, High Street, West Bromwich.

BORDER COUNTIES BRANCH

Cumberland.—A. J. Caird, Esq., F.R.C.S.Ed., Mulcaster House, Brampton Road, Stanwix, Carlisle.
Westmorland.—Dr. J. F. Dow, Uplands, Arnside, by Carnforth.

CAMBS AND HUNTS BRANCH

Cambridge and Huntingdon.—Dr. F. Robinson, 8, St. Paul's Road, Cambridge.
Isle of Ely.—A. E. Edwards, Esq., Nene Parade, March, Cambs.
Peterborough.—Dr. J. N. Collins, 35, Thorpe Road, Peterborough.

DERBYSHIRE BRANCH

Buxton.—Dr. G. J. Griffiths, 1, Broad Walk, Buxton.
Chesterfield.—Dr. A. F. R. Pooler, Stonebroom, nr. Alfreton, Derbyshire.
Derby.—Dr. J. A. Watt, The Walnuts, Littleover, Derby.
Glossop.—Dr. E. H. M. Milligan, Dinting Lodge, Glossop, Derbyshire.

DORSET AND WEST HANTS BRANCH

Bournemouth.—Dr. O. C. Carter, Hursley, Poole Road, Bournemouth.
Dorset.—Dr. Thomas MacCarthy, Devan Haye, Sherborne, Dorset.

EAST YORKSHIRE BRANCH

East Yorkshire.—Dr. E. M. Dearn, 18, Albion Street, Hull.

ESSEX BRANCH

Mid-Essex.—Dr. B. W. Moss, Charnwood, Links Drive, Chelmsford.
North-East Essex.—Dr. S. A. Propert, 47, Lexden Road, Colchester.
South Essex.—Dr. H. F. Hiscocks, Newlyn, The Cliffs, Westcliff-on-Sea.

GLOUCESTERSHIRE BRANCH

Gloucester.—Dr. E. N. Davey, Rockleigh House, London Road, Gloucester.

HERTFORDSHIRE BRANCH

Barnet.—Dr. L. R. Gardner, 15, Wood Street, Barnet.
East Herts.—Dr. Maurice E. Wigfield, Watton-at-Stone, Herts.
St. Albans.—Dr. N. H. Burke, Monks Meadow, Cell Barnes, St. Albans, Herts.
Watford.—Dr. Norman Gardener, 24, Station Road, Watford.

ISLE OF MAN BRANCH

Isle of Man.—Dr. James M. Stobo, Sydney Mount, Douglas, Isle of Man.

KENT BRANCH

Bromley.—Dr. G. D. Stilwell, 45, Manor Road, Beckenham, Kent.
Dartford.—Dr. Wm. Robinson, City of London Mental Hospital, Dartford, Kent.
East Kent.—Dr. H. M. Raven, Barfield House, Broadstairs, Kent.
Folkestone and Dover.—Dr. H. Roker Evans, 20, Cheriton Gardens, Folkestone.
Maidstone.—Dr. D. H. Mills, Public Health Dept., Room 183, Sessions House, Maidstone.
Rochester, Chatham, and Gillingham.—Dr. J. O. Murray, Public Health Dept., Saye House, Castle Hill, Rochester.
Tunbridge Wells.—Dr. A. M. Pollock, 5, Lonsdale Gardens, Tunbridge Wells, Kent.

LANCASHIRE AND CHESHIRE BRANCH

Ashton-under-Lyne.—Dr. R. Bisset Smith, 34, Chester Square, Ashton-under-Lyne.
Birkenhead and Wirral.—Dr. W. Laing, M.C., 19, Church Road, Higher Tranmere, Birkenhead.
Blackburn.—Dr. D. O'Driscoll, 6, St. Alban's Place, Blackburn.
Blackpool.—Dr. T. S. Blacklidge, 173, Newton Drive, Blackpool.
Bolton.—Dr. R. Cranna, 548, Blackburn Road, Bolton.
Burnley.—Dr. G. L. Normington, Remony House, Nelson, Lancs.
Bury.—Dr. W. M. Martin, Danesmoor, Haslingden, Rossendale, Lancs.
Chester.—Dr. G. W. Phillips, 4, Stanley Place, Chester.
Crewe.—Dr. Miles Parkes, Helmsville, Crewe.
Furness.—Dr. Lorton A. Wilson, 99, Abbey Road, Barrow-in-Furness.
Hyde.—Dr. J. B. Bennett, 19, Chapel Street, Hyde, Cheshire.
Lancaster.—Lieut.-Col. C. J. Stocker, M.C., I.M.S., ret., 2, Queen Square, Lancaster.
Leigh.—Dr. W. A. McLennan, Health Dept., Town Hall, Leigh, Lancs.
Liverpool.—Dr E. I. Claxton, 150, Stanley Road, Bootle, Liverpool.
Manchester.—Dr. R. G. McGowan, c/o British Medical Bureau, 33, Cross Street, Manchester; Dr. J. I. Milne, c/o British Medical Bureau, 33, Cross Street, Manchester.
Mid-Cheshire.—Dr. R. Reid Duncan, Public Health Dept., Town Hall, Altrincham.
Oldham.—Dr. T. D. G. Ross, 327, Park Road, Oldham.
Preston.—Dr. F. M. Rose, Loralai, 99, Fylde Road, Preston.
Rochdale.—Dr. L. Kilroe 494, Manchester Road, Rochdale.
St. Helens.—A. A. W. Merrick, Esq., F.R.C.S.I., Park Mount, Cowley Hill Lane, St. Helens, Lancs.
Salford.—Dr. H. P. Samson, Peel House, New Lane, Patricroft, Manchester.
Southport.—Dr. W. L. Ackerman, 36, Hoghton Street, Southport.
Stockport.—Dr. F. E. Lomas, Cumberland House, Macclesfield.
Wallasey.—Dr. J. Munn, 173, Seaview Road, Wallasey, Cheshire.
Warrington.—Dr. Wm. Grant, Salisbury House, Fairfield, Warrington.
Wigan.—Dr. F. L. Angior, O.B.E., Claremont, Wigan; Dr. C. S. France, Dicconson House, Wigan.

LEICESTER AND RUTLAND BRANCH

Leicester and Rutland.—Dr. Montague Dixon, The White House, Melton Mowbray.

LINCOLNSHIRE BRANCH

Grimsby.—Dr. W. N. Hood, Fern Grove, Hainton Avenue, Grimsby.
Holland.—Dr. A. S. Wilson, The Elms, Gosberton, Spalding, Lincs.
Kesteven.—F. Joselin Jauch, Esq., F.R.C.S., 15, St. Peters Hill, Grantham, Lincs.
Lincoln.—J. Lyons, Esq., F.R.C.S.Ed., 12, The Avenue, Lincoln.
Scunthorpe.—Dr. W. Hartston, Public Health Dept., Scunthorpe, Lincs.

METROPOLITAN COUNTIES BRANCH

Camberwell.—Dr. D. M. Connan, Municipal Offices, Spa Road, S.E.16.
Chelsea and Fulham.—Dr. J. A. Scott, Public Health Dept., Town Hall, Fulham, S.W.6.
City.—Dr. W. E. A. Worley, 43, De Beauvoir Road, N.1.
Finchley.—Dr. R. H. G. Weston, Argyll, Fortis Green Road, Finchley, N.2.
Greenwich and Deptford.—Dr. Margaret K. Green, 41, Creek Road, S.E.8.
Hampstead.—Lieut.-Col. T. C. McCombie Young, I.M.S.Ret., 68, Belsize Park, N.W.3.
Harrow.—Dr. N. P. Jewell, O.B.E., M.C., Norrington, Pinner Road, Pinner, Middlesex.
Hendon.—Dr. L. Stuart Woolf, 45, Woodstock Road, N.W.11.
Kensington.—Dr. C. L. Collins, 17, Ladbroke Gardens, W.11.
Lambeth and Southwark.—Dr. C. G. Martin, 134, Brixton Hill, S.W.2.
Lewisham.—Dr. W. W. Walker, 58, Burnt Ash Road, S.E.12.
Marylebone.—Dr. R. L. Bell, 47, Church Street, N.W.8.
North Middlesex.—Dr. G. G. Macdonald, Wentworth, Broomfield Avenue, N.13.
St. Pancras.—Dr. S. Yale, 34, Hampstead Road, N.W.1.
South Middlesex.—Dr. J. Leach Brown, Belmont, Whitton Road, Hounslow, Middlesex.

South-West Essex.—Dr. J. L. McKenzie Brown, 59, Broadwalk, South Woodford, E.18.
Stratford.—Dr. H. C. Boyde, 85, Freemasons Road, E.16.
Tower Hamlets.—Dr. D. Haydon Jones, 5, Montague Place, E.14.
Wandsworth.—Dr. R. A. Mitchell, 9, Spencer Road, S.W.18.
West Middlesex.—Dr. J. L. Thomas, 271, The Vale, Acton, W.3.
Westminster and Holborn.—Dr. F. G. Wood-Smith, 2, Ashley Place, S.W.1.
Willesden.—Dr. A. N. Mathias, 177, Anson Road, N.W.2.
Woolwich.—Dr. J. MacMillan, D.S.O., M.C., Town Hall, Woolwich, S.E.18.

NORFOLK BRANCH

East Norfolk.—Dr. Henry Morrison, 19, Cromer Road, North Walsham, Norfolk.
Norwich.—Dr. G. Day, 17, Chapel Field East, Norwich.
West Norfolk.—J. Lewin, Esq., F.R.C.S., Gaywood Hall, King's Lynn, Norfolk.

NORTHAMPTONSHIRE BRANCH

Northamptonshire.—Dr. E. H. Shaw, 1, Billing Road, Northampton.

NORTH OF ENGLAND BRANCH

Bishop Auckland.—Dr. F. Lishman, Hawthornside, Crook, Co. Durham.
Blyth.—Dr. W. C. Lowry, Fairholme, Cambois, Blyth, Northumberland.
Cleveland.—Dr. F. O. Graham, 366, Linthorpe Road, Middlesbrough; Dr. W. A. Kirkpatrick, Ardmore, Skelton in Cleveland, Saltburn, Yorks.
Consett.—Dr. K. M. Macdonald, 27, Sherburn Terrace, Consett, Co. Durham.
Darlington.—Dr. C. J. Kirk, 180, North Road, Darlington.
Durham.—Dr. F. A. Blackwood, 17, Western Hill, Durham.
Gateshead.—Dr. J. C. Arthur, 11, Beaconsfield Road, Low Fell, Co. Durham.
Hartlepools.—Dr. W. A. Nicholson, 172, Park Road, West Hartlepool.
Hexham.—Dr. C. McCulloch, 35, Hencotes, Hexham, Northumberland.
Morpeth.—Dr. D. Revie, Ashleigh House, Ashington, Northumberland.
Newcastle-upon-Tyne.—Weldon P. T. Watts, Esq., M.S., F.R.C.S.Ed., 7, Windsor Terrace, Newcastle-upon-Tyne, 2.
North Northumberland.—Dr. T. C. McDonald, South Bank, Belford, Northumberland.
South Shields.—Dr. J. I. Smith, 1, Mowbray Road, South Shields.
Stockton.—Dr. R. Harkness, Ashfield, Yarm Road, Stockton-on-Tees.
Sunderland.—Dr. R. H. Dix, 7, Otto Terrace, Sunderland.
Tyneside.—Dr. J. B. Williamson, 2, Camp Terrace, North Shields.

NORTH-WALES BRANCH

Denbigh and Flint.—Lieutenant-Colonel J. H. Anderson, C.M.G., C.B.E., Bryncelyn, Ruthin, N. Wales.
County of Anglesey.—Mr. A. Williams, J.P.—1, High Street, Llangefni, Anglesey.
County of Caernarvon.—Hugh Lewis, Esq., 22, Castle Square, Caernarvon.
County of Merioneth.—Miss D. Lewys Lloyd, B.A., Rhianfa, Towyn, Merioneth.

NOTTINGHAMSHIRE BRANCH

Nottinghamshire.—Dr. A. D. Frazer, 588, Adams Hill, Wollaton Park, Nottingham.

SHROPSHIRE AND MID-WALES BRANCH

Shropshire and Mid-Wales.—Dr. D. A. Urquhart, 3, College Court, College Hill, Shrewsbury.

SOUTHERN BRANCH

Aldershot and Basingstoke.—Dr. J. Craig Lindsay, Bridle Way, Highfield Avenue, Aldershot.
Guernsey and Alderney.—Dr. R. Arderne Wilson, 2, Eaton Place, Les Gravees, Guernsey.
Isle of Wight.—Dr. H. S. Howie Wood, Bramley, Shanklin, Isle of Wight.
Jersey.—A. C. Halliwell, Esq., F.R.C.S., Le Clos du Chemin, Beaumont, Jersey.
Portsmouth.—Surgeon Rear-Admiral J. R. McKeown, O.B.E., R.N.Ret., 50, Southsea Terrace, Southsea, Hants.
Southampton.—Dr. E. Bacon, 4, Hulse Road, Southampton.
Winchester.—Dr. R. H. B. Barrow, 37, St. Cross Road, Winchester.

SOUTH WALES AND MONMOUTHSHIRE BRANCH

Cardiff.—Dr. J. D. Williamson, 175, Newport Road, Cardiff; Dr. F. Y. Pearson, 39, Cyn Coed Road, Cardiff.
Monmouthshire.—Dr. D. Burke, 32, Clytha Square, Newport.
North Glamorgan and Brecknock.—Dr. R. Melville Hiley, Glenview, Court House Street, Pontypridd, Glam.
Carmarthenshire.—Dr. Rhys Paton, Stepney Place, Llanelly, Carms.
Pembrokeshire.—Dr. C. D. Mathias, 1, Rock House, Tenby, Pembs.
Cardiganshire.—Dr. T. J. Jenkins, Vron Iago, Henllan, Llandyssul, S. Wales.
Swansea.—Dr. W. V. Howells, 73, Walter Road, Swansea; Dr. T. Ben Thomas, 9, Glanmor Terrace, Uplands, Swansea.

SOUTH WESTERN BRANCH

Barnstaple.—Dr. J. C. Dixey, Mulberry House, Barnstaple.
Cornwall.—Dr. G. F. Burnell, 20, Lemon Street, Truro, Cornwall.
Exeter.—Dr. M. Hay, 56, Whipton Lane, Exeter.
Plymouth.—Dr. E. McCulloch, 1, Clarendon Terrace, Devonport.
Torquay.—Col. E. C. Hodgson, I.M.S.Ret., Casterton, York Road, Torquay; Dr. J. V. A. Simpson, Sydenham, Babbacombe Road, Torquay.

STAFFORDSHIRE BRANCH

North Staffs.—Dr. J. M. Johnstone, Kelvedon, Baker Street, Fenton, Stoke-on-Trent.
South Staffs.—Dr. H. Campbell Orr, 8, Summerfield Road, Chapel Ash, Wolverhampton.
Walsall and Lichfield.—Dr. R. U. Gillan, 18, Birmingham Road, Walsall, Staffs.

SUFFOLK BRANCH

E. Suffolk.—Dr. R. O. Eades, 156, Foxhall Road, Ipswich.
N.E. Suffolk.—R. Keene, Esq., F.R.C.S., 12, Gordon Road, Lowestoft.
W. Suffolk.—Mr. H. Higginson, Crescent House, Angel Hill, Bury St. Edmunds.

SURREY BRANCH

Croydon.—Dr. J. Newton Hudson, 391, Lower Addiscombe Road, Croydon.
Guildford.—Dr. D. F. Whitaker, Newlands, London Road, Guildford.
Kingston-on-Thames.—Dr. P. V. Fry, 28, Southville Road, Thames Ditton, Surrey.
Reigate.—Dr. E. B. Brooke, Redhill County Hospital, Earlswood Common, Redhill, Surrey.
Richmond.—Dr. D. Dunlop, 303, Sheen Road, Richmond, Surrey.

SUSSEX BRANCH

Brighton.—T. Gardner, Esq., F.R.C.S., 24, Windlesham Road, Hove.
Eastbourne.—Dr. P. W. Mathew, 2, Arundel Road, Eastbourne.
Hastings.—Dr. A. H. Grace, 8, The Green, St. Leonards-on-Sea.
West Sussex.—Dr. C. W. Elson, Stratfordlea, Stoke Abbott Road, Worthing.

WILTSHIRE BRANCH

Salisbury.—Dr. S. Edgar Martin, The Old Manor, Salisbury.
Swindon.—Dr. Dunstan Brewer, Civic Offices, Swindon.
Trowbridge.—Dr. A. C. Mowle, Lansdowne House, Devizes, Wilts.

WORCESTER AND HEREFORD BRANCH

Hereford.—Dr. H. Ward-Smith, 14, St. Owen Street, Hereford.
Worcester and Bromsgrove.—Dr. J. W. T. Patterson, Severn House, Droitwich Spa, Worcs.

YORKSHIRE BRANCH

Barnsley.—Dr. N. Pick, Belmont, Victoria Road, Barnsley.
Bradford.—Dr. G. Priestman, 546, Toller Lane, Heaton, Bradford.
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Huddersfield.—Dr. Jessie Sheard, 154, Trinity Street, Huddersfield.
Leeds.—Dr. J. Johnstone Jervis, Public Health Dept., 12, Market Buildings, Vicar Lane, Leeds 1.
Rotherham.—Dr. T. V. Griffith, The Municipal General Hospital, Rotherham.
Scarborough.—Dr. C. E. Woodrow, 6, Manor Road, Scarborough.
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NORTHERN IRELAND BRANCH

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WAR INJURIES

SPECIAL MEDICAL CERTIFICATES

The following memorandum to hospitals and medical practitioners is issued on behalf of the Ministry of Health of England and Wales, the Department of Health for Scotland, and the Ministry of Labour for Northern Ireland. It is being distributed by the Local Emergency Committees of the B.M.A.

1. Injury Allowances

Under the Personal Injuries (Emergency Provisions) Act shortly to be passed, payments known as "injury allowances" may be made to certain persons who are rendered incapable of work by war injury.

Where the war injury causes serious and prolonged disablement, the injury allowance will be replaced in due course by a pension payable by the Ministry of Pensions.

2. Definition of War Injury

War injury is defined in the Act as follows:

"War injuries" means physical injuries (*a*) caused by (i) the discharge of any missile (including liquids and gas); or (ii) the use of any weapon, explosive or other noxious thing; or (iii) the doing of any other injurious act; either by the enemy or in combating the enemy or in repelling an imagined attack by the enemy; or (*b*) caused by the impact on any person or property of any enemy aircraft, or any aircraft belonging to, or held by any person on behalf of or for the benefit of, His Majesty or any allied power, or any part of, or anything dropped from, any such aircraft.

It will be noted that war injury as defined above (and this definition is quoted on the cover of the book of First Incapacity Certificates) means *physical* injuries only. Injury to the brain or injury to eyesight as a direct result of concussion, collapse from heart failure as a direct result of an air attack and similar casualties may be accepted as war injuries. The definition does *not* cover neurasthenia and other similar sickness, or aggravation of sickness attributable to nervous strain, exposure, etc., and a war injury certificate should not be issued in respect of a patient rendered incapable

of work by such an illness. Such a patient, if an insured person, would be entitled to health insurance benefits in the ordinary way.

3. Position of Insured Persons under National Health Insurance Acts

A person insured under the N.H.I. Acts who is rendered incapable of work by reason of war injury will be disentitled to sickness or disablement benefit in respect of *incapacity arising from that injury* for a period of twenty-six weeks from the beginning of the week in which the injury was sustained.

4. Administration of Injury Allowances

Injury allowances will be administered by the Unemployment Assistance Board as agents of the Ministry of Pensions and claims will be dealt with at the Area Offices of the Unemployment Assistance Board. A person making a claim for an injury allowance will be required to produce a special "war injury" medical certificate duly completed and signed in the case of those under treatment as in-patients of a hospital by a responsible officer of the hospital or in other cases, including hospital out-patients, by the medical practitioner who is giving treatment.

There are two forms of special war injury certificate—namely, a First Incapacity Certificate, of which supplies are being distributed to hospitals and medical practitioners; and a Continuation Incapacity Certificate which will be issued subsequently by the Unemployment Assistance Board to a person making a claim for an injury allowance for presentation to the hospital or medical practitioner for completion.

5. Certificates of War Injury

Attention is directed to the following notes as to the completion of war injury certificates. If the patient is an in-patient of a hospital, certificate "B" of the forms should be completed by a responsible officer of the hospital, and the official hospital stamp should be affixed. In all other cases, including hospital out-patients, certificate "A" of the forms should be completed by the medical practitioner who examines the patient. In respect of each case only one First Incapacity Certificate should be issued and only one Continuation Incapacity Certificate should be completed for any one subsequent period. In the event, however, of a certificate being alleged to have been lost a further certificate may be issued but must be clearly marked in ink "duplicate."

Certificates should be issued only at the request of the patient or of some person acting on his behalf. They should not be used at first-aid posts, or for patients admitted to casualty receiving hospitals who are transferred to other hospitals after detention for a few hours only.

6. Periodical Certification

Normally a continuation certificate will be required at weekly intervals, but in the case of an in-patient of a hospital longer periods not exceeding four weeks may be covered by one certificate and provision is made in certificate "B" of the forms for this period to be inserted by the certifying responsible officer of the hospital.

7. First Incapacity Certificate

(*a*) The surname and full christian names of the patient and as precise information as possible as to the date and place of injury must be given in the spaces provided for at the head of the form. This part of the form should be completed by the patient or by the doctor or the appropriate officer of the hospital or other responsible person on the patient's behalf. It is important that the information should be given clearly and legibly.

(*b*) The description of the injury should be inserted by the medical practitioner after his examination of the patient. It will be of considerable assistance if the injury is described, where possible, according to the following code:

CODE.	NOTES.
Flesh wounds.	Wherever situated and including burns, other than those due to gas.
Injury to Eyes.	
Injury to Arms.	Including Hands.
Injury to Legs.	Including Feet.
Injury to Head.	
Injury to Face.	
Injury to Spinal Column.	
Injury to Chest.	
Injury to Abdomen.	
Injury to Pelvis.	
Injury due to gas—eyes.	
Injury due to gas—lungs.	
Injury due to gas—burns.	

Injuries of more than one part of the body should be described as "multiple" followed by an indication of the most serious injury—for example, "multiple injuries (head)." If the injury cannot readily be described under the above code (for example, in the case of an injury to the brain as a direct result of concussion (see para. 2)) as precise a statement as possible should be given of the injury.

8. Continuation Incapacity Certificate

These forms will be issued by the appropriate Area Office of the Unemployment Assistance Board, whose stamp will be shown thereon. This certificate is also to be used for signing off—that is, to show the date when the patient ceased to be incapable of work by reason of the war injury. If the war injury no longer incapacitates the patient for work but the patient yet remains incapable of work by reason of some other disability, any certificate of incapability for work which may be required should be given in the ordinary form appropriate to the case. In the case of persons insured under the N.H.I. Acts, the appropriate form would be Form Med. 40.

9. Persons receiving War Injury while Incapable of Work by Reason of Some Other Disability

In such cases a war injury certificate should not be issued until such time as the other disability ceases to be the cause of incapacity for work and it can be certified that the continued incapacity for work is caused by the war injury.

10. Members of the Forces

Injury allowances are not payable to serving members of H.M. Forces (including nurses and other auxiliary services), to members of police forces or to professional firemen. If, therefore, there is evidence that the patient is a member of one of these Forces a war injury certificate should not be issued.

LONDON MEDICAL AND PANEL COMMITTEE: WAR-TIME FUNCTIONS

The Local Medical and Panel Committee for London announces that now the nation is at war the following resolutions passed by the Committee at its meeting on July 25 last take effect immediately:

(*a*) The functions of the Committee under the N.H.I. Acts and Regulations shall be vested in a Controller and an Emergency Committee of three persons.

(*b*) The Controller is empowered to take such action on behalf of the Committee as will not admit of delay subject to his reporting all action so taken to the Emergency Committee.

(*c*) Every Member of the Committee shall have sent to him (or her) notice, however short, of the meetings of the Emergency Committee and, as far as practicable, a note of the business to be transacted thereat, and every member of the Committee shall be entitled to attend the meetings of the Emergency Committee and to speak, with the leave of the chairman of the meeting, on any matter before the meeting.

(*d*) That the chairman of the Committee be appointed as Controller for the purposes of the foregoing resolutions (*a*) and (*b*).

(*e*) That the Emergency Committee referred to in the foregoing resolution (*a*) do consist of the vice-chairman and treasurer of the Committee, and the chairman of the Finance and General Purposes Subcommittee.

Due notice will be given to members of meetings of the Emergency Committee.

MEDICAL CERTIFICATES OF INCAPACITY FOR WORK

We print below the facsimile of a certificate which is being issued this week to every medical man in private practice through the Local Emergency Committees of the B.M.A. It is to be noted that these forms are to be used for war injury cases only, and should be kept under conditions which will prevent their falling into the hands of unauthorized persons.

The certificates are to be issued only in respect of persons rendered incapable of work by reason of war injuries, which are defined as follows:

(*a*) Physical injuries caused by:

(i) The discharge of any missile (including liquids and gas); or

(ii) The use of any weapon, explosive, or other noxious thing; or

(iii) The doing of any other injurious act; either by the enemy or in combating the enemy or in repelling an imagined attack by the enemy; or

(*b*) Caused by the impact on any person or property of any enemy aircraft, or any aircraft belonging to or held by any person on behalf of or for the benefit of His Majesty or any Allied Power, or any part of, or anything dropped from, any such aircraft.

WAR INJURY

FIRST INCAPACITY CERTIFICATE

Certificate to be issued only in respect of a person rendered incapable of work by reason of war injuries (see definition on front cover)

NAME — *Surname* — *Christian names*

Mr. / Mrs. / Miss .....

Address .....

Place of Injury ..... Date of Injury .....

Description of Injury .....

A*

I certify that the person named above was examined by me to-day and in my opinion is incapable of work by reason of the physical injury stated above, and from the nature of the injury and from the information given me of the circumstances in which the injury was sustained, I am of opinion that the injury is a war injury.

DATE

Doctor's Signature ..... *Date* .....

Address .....

B* (HOSPITAL IN-PATIENTS ONLY)

I certify that the person named above, having been admitted to this hospital and classified as a war injury case, is receiving treatment for the physical injury stated above as an in-patient.

I am advised that in this case in-patient treatment in this hospital will continue for at least ..... weeks.

Signature .....

Name of Hospital ..... *Date* .....

NOTES.—* (1) Certificate B is to be completed only in respect of an in-patient of a hospital. It should be signed by a responsible officer of the hospital and the hospital stamp should be affixed.

(2) In all other cases, including hospital out-patients, certificate A should be completed by the doctor who examines the patient.

(3) This certificate must not be issued if the patient is already incapacitated from work by reason of some other disability.

IMPORTANT

Claim for Injury Allowance

This certificate should not be sent to the Approved Society of which the injured person is a member.

If it is desired to claim injury allowance, the injured person himself, or if this is not possible for medical reasons, his nearest relative or other person acting for him, should take this certificate to the local office of the Unemployment Assistance Board. The address of this office can be obtained at any Post Office or Employment Exchange.

Hospital Stamp

CERTIFICATION OF DEATHS IN TIME OF WAR

The following instructions to medical practitioners in England and Wales and Northern Ireland have been issued by the Registrar-General, and are being distributed by the Local Emergency Committees of the B.M.A.

Deaths Due to War Operations

1. Registration Officers have been informed that in the event of the outbreak of war special arrangements will come into force in regard to the registration of deaths due to war operations and the disposal of the bodies of persons so deceased.

No inquests will be held as regards deaths due to war operations. Bodies, if not claimed by relatives, will be taken to a public mortuary under the control of a local authority with a view to burial by the local authority. The Superintendent of the mortuary will furnish to the local authority particulars of all bodies received into the mortuary.

2. For the purpose of these instructions, the term "war operations" means operations of the Armed Forces of the enemy or operations of any of H.M. Forces while in action against the enemy or while acting in the course of their duty upon any warning of the imminence of an attack by the enemy.

Registration of Deaths

3. *Certification by the Clerk to the Council.*—The Clerk to the Council will furnish to the registrar concerned a statement of particulars (so far as ascertainable) respecting each identified deceased person whose body was received into a public mortuary and is buried by the local authority. The statement will contain a certificate by the Clerk that the death was due to war operations, and the registrar will, on receipt of this statement, register the death in accordance with the particulars so furnished.

4. *Certification by the Naval, Military, or Air Force Authorities.*—In the case of any serving sailor, soldier, or airman, and of certain classes of civilians employed with the Armed Forces, whose death was due to war operations, certain Commanding Officers will also be authorized to certify that the death was so due; and the registrar will register such deaths forthwith in accordance with the information contained in the form delivered to him by the Commanding Officer.

5. *Other Cases.*—In the case of all other deaths the ordinary law and procedure will apply as to the attendance of a qualified informant to give information and the actual registration of the death, subject only to the following exceptions.

If the *informant states that the death was due to war operations*, the registrar has been instructed to act as follows:

(*a*) If the deceased was attended by a medical practitioner at the time of his death, the medical certificate of cause of

death must be delivered; and if it contains information which satisfies the registrar that death was due to war operations, the registrar will register forthwith without reporting to the Coroner;

(*b*) If no ordinary certificate of cause of death is produced, or if the certificate produced does not satisfy the registrar that death was directly due to war operations, he will give the informant an opportunity in the first case of calling in a medical practitioner (at the informant's expense) to inspect the body and of producing a medical certificate, or, in the second case, of obtaining from the medical practitioner who has already certified a more explicit medical certificate. If the informant refuses, or if no medical certificate is produced or is obtainable which satisfies the registrar that death was directly due to war operations, the registrar will report the death to the coroner, stating that it was alleged to have been due to war operations. If the Coroner decides that the death was unnatural, but was *not* due to war operations, he will hold an inquest and proceed according to the ordinary law. If he decides that the death was due to war operations, he will inform the registrar to that effect without holding an inquest, and the registrar will so register the death.

Medical Certification of Deaths under the Special Arrangements

6. A medical practitioner who was in attendance upon a deceased person *prior to the death* should issue the ordinary certificate of cause of death for the purpose of registration unless he is aware that the Clerk to the Council or Commanding Officer has certified that the death was due to war operations in accordance with paragraph 3 or 4. In certifying any form of violence which falls to be included in the statement of causation he should be careful to add the words "war operations" to the particulars of the violence as stated in Part I or Part II of the certificate form, as the case may be, if he is satisfied and prepared to certify that the violence was due to war operations. In such cases he should refrain from reporting the death to the Coroner.

7. If a medical practitioner who was not in attendance upon the deceased prior to the death is called in by the relatives to inspect the body *after death* and to certify for the purpose of registration, if he is able to do so, that the death was due to war operations (see paragraph 5 (*b*)), the practitioner, though not ordinarily entitled on such an occasion to use the prescribed form of medical certificate, may nevertheless use it for this purpose. If he uses the form he should complete the statement of cause and other particulars in the certificate in the ordinary manner subject to the above instructions, and should refrain from reporting the death to the Coroner. He should, however, modify the certificate by deleting the words "last seen alive by me" and the words "not seen," thus leaving the statement to indicate that the deceased was seen after death but not before.

8. In the case of the registration of deaths due to war operations on the information of an informant in the ordinary manner, the statement that death was due to war operations will not be accepted by the registrar unless supported by a medical certificate to that express effect, given either by a practitioner in attendance before the death or by a practitioner who had inspected the body after the death (see paragraph 5 (*b*)).

9. In the case of deaths certified by the Clerk to the Council or Commanding Officer as due to war operations (see paragraph 3 or 4) no medical certificate or report to a Coroner will be necessary.

The National Association of Trade Union Approved Societies, at its recent annual meeting at Scarborough, passed a resolution calling for an extension of medical benefit to include the dependants of insured persons. It was stated at the meeting that friendly societies and insurance committees throughout the country desired this extension.

Correspondence

Age and War Service

SIR,—More than twenty years ago, when we were at war, I wrote to the Editor of the *Journal* pointing out the greater difficulty and hardship of the younger practitioners when called up for service compared with older men, well established, with families grown up, and having most likely saved enough money at least to keep the wolf from the door if the worst happened. I was one of the younger men then, in a practice which I had not completely paid for, and with a wife and young baby. My responsibilities were then relatively greater than they are now. It was difficult for me to join up, but I did, and of course I feel more than glad that I did. I still feel the same about this question of younger or older men. I maintain that to-day I am better able to leave my practice than many a younger man. I am, I believe, fitter than I was when I last joined up, my family is grown up, and I have now certain private means. In addition, I have uniform and equipment. My only object in writing this is to point out the error in always regarding the younger man as the man for the "job." If it was argued that the strenuous life of the Army is more likely to break down the older man, I would answer that a great many positions in the Army are far less arduous than general practice, especially when one's colleagues have left the district for war service. I am in a partnership, but we run individual practices, and I have no hesitation in saying that I could be spared better than my younger partners, who are now in the same position as I was twenty years ago.—I am, etc.,

Aug. 30. "FIFTY."

REMUNERATION OF CIVIL NURSING RESERVE

A Ministry of Health circular (1861) states that members of the Civil Nursing Reserve who have been called up for whole-time duty in hospital in connexion with the treatment of casualties should be paid by the local authority or voluntary hospital at the following rates:

Trained nurses supplied by the Civil Nursing Reserve, £90 per annum plus board, lodging, and laundry.

Assistant nurses supplied by the Reserve, £55 per annum plus board, lodging, and laundry.

An additional sum of 3s. 6d. per week is payable to trained nurses and assistant nurses where free laundry is not provided.

Nursing auxiliaries, £2 per week (non-resident).

In the case of trained nurses in charge of wards an additional allowance of £20 per annum is regarded as appropriate.

Where an assistant nurse bears special responsibilities she may be paid up to £65 per annum provided the proportion paid in excess of £55 per annum does not exceed one in four of the assistant nurses in the hospital who have been provided from the Civil Nursing Reserve. Where a trained or assistant nurse is not provided with board and lodging either in the hospital or under arrangements made by the local authority or the hospital, an additional sum of one guinea per week will be payable to her.

In the case of nursing auxiliaries, if board, lodging, and laundry are provided by the hospital an appropriate reduction, which should not exceed 25s. per week, should be made from the weekly wage of £2. If board and lodging are provided under billeting arrangements made by the hospital with the local authority, the weekly sum paid to the householder for billeting—namely, one guinea—should be deducted from the pay, a record being kept of such deductions for the purpose of financial adjustments with the Ministry. The actual payment to the householder will be made by the Post Office and not by the hospital or the local authority or by the Ministry directly.

Nurses or auxiliaries will bear the cost of travelling to and from hospital, but where an appreciable journey is involved when they first report for duty a request for refund of third-class railway fare or its equivalent might reasonably be met by the employing authority, and a claim forwarded to the Ministry accordingly.

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcements under this heading is 9s. This amount should be forwarded with the notice, authenticated by the name and address of the sender, and should reach the Advertisement Manager not later than the first post Tuesday morning to ensure insertion in the current issue.

DEATH

HAYES.—On August 26, at Craig-Gowan, Catrbridge, James Hayes, M.R.C.S., L.R.C.P., of Crofton Lodge, Tunbridge Wells, formerly of Leigh. Aged 83.

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